

ATTACHMENT F

<b>CHILD SUPPORT ENFORCEMENT ADMINISTRATION</b> <b>FEDERAL PROGRAM EMPLOYEE CERTIFICATION REPORTING FORM</b>			
<p><b>Instructions</b> Employees <u>working entirely</u> on the Cooperative Reimbursement Agreement (CRA) with the Maryland Department of Human Resources/Child Support Enforcement Administration (CSEA), during the report period, should complete this certification form immediately following the end of each six-month reporting period. The form must be made available to CSEA, state and federal auditors upon request.</p> <p><b>Purpose of Form:</b> To comply with OMB Circular A-87, employees that are expected to work solely on a single federal award or cost objective are required to periodically certify that they worked solely on that program for the period covered by the certification (See Terms and Conditions for clarification).</p>			
<b>Jurisdiction:</b>		<b>CRA Contract #:</b> CSEA/CRA-12-034	
<b>Check one Box</b> Master's Office <input type="checkbox"/> State's Attorney's Office <input type="checkbox"/> Sheriff's Office <input type="checkbox"/> Administrative Office of the Courts <input type="checkbox"/>		<b>Time Reporting Period (check one box)</b>  <input type="checkbox"/> October 1 through March 31, ____  <input type="checkbox"/> April 1 through September 30, ____	
<b>I certify that while employed during this time period, I worked solely on the Maryland Department of Human Resources, Child Support Enforcement Administration, Cooperative Reimbursement Agreement.</b>			
Date	Printed Employee Name	Employee Signature	Supervisor's Initials
	Project Supervisor's Name & Signature		